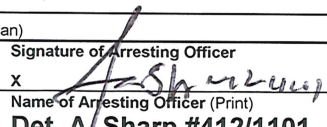


|                  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|------------------|---|--|---|--|---|--|---|--|---|--|--|--|--|--|---|--|--|----------|--|--|-----------------------------|--|--|--|--|--|--|--|
| ADMINISTRATIVE   | OBTS NUMBER   |  | ARREST/NOTICE TO APPEAR<br>Juvenile Referral Report   |  |   |  |   |  |   |  |  |  | 1. Arrest<br>2. N.T.A.   |  | 3. Request for Warrant<br>4. Request for Capias       |  | 3  | Juvenile | No   |  |                             |  |  |  |  |  |  |  |
|                  | Agency ORI Number<br>FL 0501700   |  | Agency Name<br>Jupiter Police Department  |  |   |  |   |  |   |  |  |  | Agency Report Number<br>54 - 19 - 000830   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  |   |  |   |  |   |  |   |  | Weapons Seized/Type<br>1. Yes<br>2. No<br>2  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Location of Arrest (Including Name of Business)   |  |   |  |   |  |   |  |   |  | Location of Offense (Business Name/Address)<br>Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup. |  |  |  |   |  |  |          |  |  | Date of Offense<br>01/21/19 |  |  |  |  |  |  |  |
| DEFENDANT        | Date of Arrest  |  | Time of Arrest  |  | Booking Date  |  | Booking Time  |  | Jail Date   |  | Jail Time  |  | Fingerprinted By:<br><input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Location of Vehicle   |  |   |  | Other Local Number  |  | FDLE Number   |  | DOC Number  |  | FBI Number   |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Name (Last, First Middle)<br>Velie, Frank John Jr.  |  |   |  |   |  |   |  |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Race<br>W - White<br>B - Black<br>I - American Indian<br>O - Oriental/Asian   |  | Sex<br>W<br>M   |  | Date of Birth<br>07/19/39   |  | Height<br>5'07"   |  | Weight<br>150   |  | Eye Color<br>bro   |  | Hair Color<br>balding  |  | Complexion<br>med                                     |  | Build<br>med   |          |  |  |                             |  |  |  |  |  |  |  |
| CO-DEF.          | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |  |   |  |   |  |   |  | Marital Status<br>unk  |  | Religion<br>unk  |  | Indication of:<br>Alcohol Influence<br>Drug Influence |  | Y<br><input type="checkbox"/><br>N<br><input type="checkbox"/><br>Un.<br><input checked="" type="checkbox"/> |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Local Address (Street, Apt. Number)<br>17839 Thelma Ave Apt. J  |  |   |  | (City)<br>Jupiter   |  | (State)<br>FL   |  | (Zip)<br>33458  |  | Phone<br>( )   |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Permanent Address (Street, Apt. Number)<br>same   |  |   |  | (City)  |  | (State)   |  | (Zip)   |  | Phone<br>( )   |  | Address Source<br>DL   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Business Address (Name, Street)   |  |   |  | (City)  |  | (State)   |  | (Zip)   |  | Phone<br>( )   |  | Occupation<br>unk  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| JUVENILE         | D/L Number<br>V400270392590   |  | D/L State<br>FL   |  | Soc. Sec. Number  |  | INS Number  |  | Place of Birth<br>New Jersey  |  | Citizenship<br>US  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race  |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race  |  | Sex   |  | Date of Birth   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large                   |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> 1. Parent<br><input type="checkbox"/> 2. Legal Custodian<br><input type="checkbox"/> 3. Other  |  | Name (Last, First, Middle)  |  |   |  |   |  |   |  |  |  | Residence Phone<br>( )   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| CODE             | Address (Street, Apt. Number)   |  | (City)  |  | (State)   |  | (Zip)   |  | Business Phone<br>( )   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Notified By: (Name)   |  |   |  | Date  |  | Time  |  | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released<br>2. TOT HRS/DCF<br>3. Incarcerated |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Released To: (Name)   |  |   |  | Relationship  |  | Date  |  | Time  |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address:<br>Yes, by: (Name) No: (Reason)  |  |   |  |   |  |   |  |   |  | School Attended  |  | Grade  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| CHARGE           | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |  |   |  |   |  |   |  |  |  | Value of Property  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity<br>S. Sell<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use  |  | K. Dispense/Distribute<br>Distribute                                    |  | M. Manufacture<br>Produce/<br>Cultivate   |  | Z. Other   |  | Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin             |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.   |          | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other      |  |  |  |  |  |  |  |
|                  | Charge Description<br>Solicit another to commit prostitution  |  |   |  | Counts<br>1   |  | <input checked="" type="checkbox"/> FSS<br><input type="checkbox"/> ORD |  | Statute Violation Number<br>796.07(5)(a)1   |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity<br>N   |  | Drug Type<br>N  |  | Amount/Unit<br>N/A  |  | Offense #<br>19-000830  |  | Warrant/Capias Number   |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| CHARGE           | Charge Description  |  |   |  | Counts  |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number  |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Charge Description  |  |   |  | Counts  |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number  |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| CHARGE           | Charge Description  |  |   |  | Counts  |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number  |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Charge Description  |  |   |  | Counts  |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number  |  |  |  | Violation of ORD #   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit   |  | Offense #   |  | Warrant/Capias Number   |  |  |  | Bond   |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1<br>Mandatory Appearance in Court   |  | Location (Court, Room Number, Address)<br>North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  |   |  | Court Date and Time<br>Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.  |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  |   |  | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  |   |  | Signature of Defendant (or Juvenile and Parent/Custodian)   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
| ADMIN            | HOLD for other Agency<br>Name:  |  |   |  | Signature of Arresting Officer<br>X  |  |   |  |   |  |  |  | Date Signed  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  |   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:   |  |   |  | Name of Arresting Officer (Print)<br>Det. A. Sharp #412/1101  |  |  |  | I.D.#  |  |   |  | Name Verification (Printed by Prisoner)<br>(PRINT)   |          |  |  |                             |  |  |  |  |  |  |  |
|                  | Intake Deputy   |  |   |  | I.D.#   |  |   |  | Pouch #   |  |  |  | Transporting Officer   |  |   |  | I.D.#  |          |  |  | Agency                      |  |  |  | Witness here if subject signed with an "X" |  |  |  |
|                  |   |  |   |  |   |  |   |  |   |  |  |  |  |  |   |  |  |          |  |  |                             |  |  |  |  |  |  |  |

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